

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538099

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		1		1			52						
3		2		1			53						
4		0		1			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9	/		/				59						
10	/		/				60						
11	/		/				61						
12		0		1			62						
13	/		/				63						
14		1		1			64						
15		2		1			65						
16	/		/				66						
17	/		/				67						
18	/		/				68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	9	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	10	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			19				TOTAL CLAIMS						